HUDSON COUNTY

2023 Opioid Abatement Report

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2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**

2. For which eligible subdivision (county or municipality) are you reporting? **Hudson County**

3. What is your subdivision's State ID? **NJ99**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Robin F. James, Division Chief**

Name of Administering Agency: **Hudson County Dept of Health & Human Services**

Business Address: **830 Bergen Ave, 2B**

City/Town: **Jersey City, NJ**

Lead Contact Phone Number: **201-369-5280 x 4250**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a county and did not transfer our funds.**

6. What amount of your opioid abatement funds did you transfer to the county?

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$393,699.81**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$0.00**

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **$0.00**

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Goals and priorities for Hudson County will be to provide critical support services to Hudson County residents who could potentially be impacted by the opioid epidemic and those that have already been negatively impacted by the epidemic. Areas of consideration may include but are not limited to educating the public on the dangers of opioids, preventing or mitigating the misuse of substances, educating residents about available resources and supports, minimizing barriers that limit access to services by ensuring the basic needs of Hudson County residents are met, ensuring that socioeconomic status, education and access to legal services are not barriers to recovery and supporting the existing infrastructure of service providers that already exist in the County.**

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds? **Yes**

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**

13. Please describe your public engagement/input efforts?

14. Does your county/subdivision have a strategic plan? **No**

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **To date, Hudson County has established the Opioid Settlement Advisory Council and has appointed members from diverse expertise and backgrounds. Future activities will include creating a survey to be distributed to Hudson County residents to capture needs and identify priorities of the County as well as to conduct at least one Town Hall Meeting to gather similar information. Lastly, focus groups will also be conducted.**

2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**

2. For which eligible subdivision (county or municipality) are you reporting? **Bayonne City**

3. What is your subdivision's State ID? **NJ6**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Donna Russo**

Name of Administering Agency: **City of Bayonne**

Business Address: **630 Avenue C**

City/Town: **Bayonne**

Lead Contact Phone Number: **201-858-6095**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**

6. What amount of your opioid abatement funds did you transfer to the county?

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$422,343.55**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$0.00**

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **$0.00**

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
The City of Bayonne needs to establish programs, protocols and practical applications to address the opioid problem in Bayonne. On an immediate basis, we need Fentanyl test strips and Narcan.

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**

13. Please describe your public engagement/input efforts?

14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **We will be using a needs assessment along with a strategic plan.**

2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**

2. For which eligible subdivision (county or municipality) are you reporting? **Guttenberg Town**

3. What is your subdivision's State ID? **NJ77**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Hiram Gonzalez**

Name of Administering Agency: **Town of Guttenberg**

Business Address: **6808 Park Ave**

City/Town: **Guttenberg**

Lead Contact Phone Number: **(201) 868-2315 x 197**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**

6. What amount of your opioid abatement funds did you transfer to the county?

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$10,474.81**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$0.00**

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **$0.00**

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**

13. Please describe your public engagement/input efforts?

14. Does your county/subdivision have a strategic plan? **No**

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?

Program 1

19. Program name/title: **Town of Guttenberg - Opioid Overdose Prevention**

Agency/funding recipient name: **Town of Guttenberg - Opioid Overdose Prevention**

Primary problem being addressed by this program: **Opioid Overdose Prevention**

Brief program description: **Opioid Overdose Prevention**

Program target population: **15000**

Date this program was funded (please use M/D/Y): **09/16/2021**

Amount of funding for this program: **$20,000.00**

Program launch date: **09/01/2021**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **0**

Please state this program's statement of impact: **Opioid Overdose Prevention**

How do you plan to measure or track success and impact of this program? **Opioid Overdose Prevention**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **Disbursement will be to County**

24. Rationale for Program

What is the reason for this program spending choice? **County Collaboration**

What outcomes or impact does the program aim to achieve? **Opioid Overdose Prevention**

What is the anticipated number of unduplicated clients this program will reach annually? **100**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**

2. For which eligible subdivision (county or municipality) are you reporting? **Harrison Town**

3. What is your subdivision's State ID? **NJ85**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Gregory Goode**

Name of Administering Agency: **Town of Harrison**

Business Address: **318 Harrison Ave**

City/Town: **Harrison**

Lead Contact Phone Number: **973-268-1062**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**

6. What amount of your opioid abatement funds did you transfer to the county?

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$86,583.22**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23).
$461.00

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
$0.00

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Our goal is to provide treatment, training, education, and support to members of our community who are affected directly or indirectly by opioid use. The amounts listed in each program's expended funds is the budgeted amount for each program. The amount expended may not match the budgeted figure, as expenditures are based on actual needs throughout the year.

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**

13. Please describe your public engagement/input efforts?

14. Does your county/subdivision have a strategic plan? **Yes**

15. Can we post your strategic plan online? **No.**

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Based on needs and strategic plans**

Program 1

19. Program name/title: **General Fund Treatment Services**

Agency/funding recipient name: **Town of Harrison**

Primary problem being addressed by this program: **Providing treatment**

Brief program description: **Funding will be used to facilitate treatment for residents in need of support services with the approval of the local committee. Funds will be paid directly to the contracted service provider.**

Program target population: **All residents**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **$30,000.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **Number of residents that utilize the program**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **Number of residents that utilize the program**

20. Primary Category (Please select the category that fits the primary focus of this program). **Treatment**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Recovery and Support**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To provide treatment to all residents**

What outcomes or impact does the program aim to achieve? **Residents retaining the information and sharing it with those who need it**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated number**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Red Cross Narcan Training Online**

Agency/funding recipient name: **Town of Harrison**

Primary problem being addressed by this program: **Lack of overdose recognition**

Brief program description: **American Red Cross provides online training to recognize the signs and symptoms of an opioid overdose, appropriate care to provide based on the person's breathing and level of responsiveness and how to give naloxone to reverse the effects of an opioid overdose**

Program target population: **All adult residents**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **$2,500.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **Unknown**

What key performance indicators are you tracking to ensure success of the program? **Number of sign-ups online**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **Number of sign-ups online**

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Prevention and Education**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To provide education to subject on hand**

What outcomes or impact does the program aim to achieve? **To improve recognition of overdoses**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated number**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 3

19. Program name/title: **Training for first Responders and Training for School Personnel as Needed**

Agency/funding recipient name: **Town of Harrison**

Primary problem being addressed by this program: **Training for First Responders**

Brief program description: **Training for first responders to strengthen ability to recognize and intervene in calls that may have the potential to lead to escalating violence.**

Program target population: **Fire, EMT, emergency personnel**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **$5,500.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **unknown**

What key performance indicators are you tracking to ensure success of the program? **Number of emergency personnel that attend training**

Please state this program's statement of impact: **To educate first responders**

How do you plan to measure or track success and impact of this program? **The knowledge that first responders obtain**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Workforce Development**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Increased training for first responders**

What outcomes or impact does the program aim to achieve? **For first responders to recognize emergency calls**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated number**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 4

19. Program name/title: **Harrison East Newark Drop-In Center**

Agency/funding recipient name: **Town of Harrison**

Primary problem being addressed by this program: **Support people in treatment and recovery**

Brief program description: **4 hours per week, 48 weeks annually. Cost of site maintenance and utilities. Cost for security officers. Public Awareness Campaign to include online public service announcements and posted fliers.**

Program target population: **All residents**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **$13,500.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **Unknown**

What key performance indicators are you tracking to ensure success of the program? **Number of residents attending center**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **If residents continue to attend the center**

20. Primary Category (Please select the category that fits the primary focus of this program).
Treatment

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Recovery and Support**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To support residents**

What outcomes or impact does the program aim to achieve? **Provide residents with someone to talk to**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated number**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 5

19. Program name/title: **Law Enforcement Against Drugs**

Agency/funding recipient name: **Town of Harrison**

Primary problem being addressed by this program: **Educate youth on substance abuse prevention**

Brief program description: **Evidence based curriculum, delivered by Police Officers, addresses substance abuse prevention through emphasis upon goal setting, decision making, effective communication, anger management, media literacy, prosocial behavior, and conflict resolution. Graduation ceremony and trip.**

Program target population: **Youth Grades 4 to 8**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **$9,500.00 ($461.00 expended on impairment goggles)**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **Unknown**

What key performance indicators are you tracking to ensure success of the program? **The information the youth take away from the classes**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **There is a graduation ceremony for the youth**

20. Primary Category (Please select the category that fits the primary focus of this program). **Prevention and Education**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To provide the youth with education**

What outcomes or impact does the program aim to achieve? **To prevent overdoses through education**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated number**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 6

19. Program name/title: **BABES (Basic Alcohol Beginning Education Services)**

Agency/funding recipient name: **Town of Harrison**

Primary problem being addressed by this program: **Educate young children visually**

Brief program description: **Structured curriculum presented through puppetry & storytelling. Lessons focus upon substance abuse prevention and address Self Esteem, Asking for Help, Peer Pressure, Effects of Alcohol & Substances, Child Abuse and Bullying. One session series of 8 sessions for Pre-K through 1. One session series of 8 sessions for Grades 2 through 3**

Program target population: **Youth Grades Pre-K to 3**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **$9,000.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **Unknown**

What key performance indicators are you tracking to ensure success of the program? **If the children are able to focus and learn**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **To educated the youth**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Early education can lead to a good path**

What outcomes or impact does the program aim to achieve? **Awareness of problems**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated number**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 7

19. Program name/title: **Strengthening Families Academy**

Agency/funding recipient name: **Town of Harrison**

Primary problem being addressed by this program: **Education of parents who have impressionable children**

Brief program description: **Funded in Part by Harrison Public School. 9 Sessions for parents and children to attend together. Research based curriculum addresses protective factors associated with substance abuse prevention. Topics include, communication skills, setting limits, stress management and recognizing symptoms of drug and alcohol abuse. Existing community resources available are reviewed. Sessions begin with a family meal. Children & parents attend groups separately. Sessions concludes with a structured family activity. Attendance per session limited to 10 families. Staff needs: 1 Program Coordinator, 3 Group Facilitators, and 2 Childcare Providers.**

Program target population: **Parents of youth Grades K to 12**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **$7,500.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **Unknown**

What key performance indicators are you tracking to ensure success of the program? **If families feel comfortable talking about these issues**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **The knowledge the families retain**

20. Primary Category (Please select the category that fits the primary focus of this program). **Prevention and Education**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **So parents can feel comfortable talking to their children**

What outcomes or impact does the program aim to achieve? **Education**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated amount**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 8

19. Program name/title: **Older & Wiser**

Agency/funding recipient name: **Harrison Town**

Primary problem being addressed by this program: **Education and Support for senior citizens**

Brief program description: **9 Sessions focusing upon issues related to aging while drawing correlates to age related issues and the potential for substance abuse. Sessions will emphasize healthy coping strategies. Existing community resources are reviewed.**

Program target population: **Senior Citizens**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **$5,500.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **Unknown**

What key performance indicators are you tracking to ensure success of the program? **Attendance of these sessions**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **To educate and support senior citizens**

20. Primary Category (Please select the category that fits the primary focus of this program). **Prevention and Education**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To provide everyone a chance to learn**

What outcomes or impact does the program aim to achieve? **To educate and support senior citizens**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated number**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 9

19. Program name/title: **Elks Peer Leadership Paths to Leadership Conference**

Agency/funding recipient name: **Town of Harrison**

Primary problem being addressed by this program: **Decision making and healthy choices**

Brief program description: **The New Jersey Benevolent and Protective Order of Elks presents annual statewide conferences that offer teens workshops and speakers designed to strengthen refusal skills, resiliency, and decision making to support healthy choices. Registration for 7 students at a cost of $385 per student.**

Program target population: **Youth Grades 7 to 12**

Date this program was funded (please use M/D/Y): **04/01/2023**

Amount of funding for this program: **$3,500.00**

Program launch date: **N/A**

If program has started, how many clients have been seen as of 6/30/2023: **Unknown**

What key performance indicators are you tracking to ensure success of the program? **Attendance at conference**

Please state this program's statement of impact: **N/A**

How do you plan to measure or track success and impact of this program? **The impact the conferences have on the youth**

20. Primary Category (Please select the category that fits the primary focus of this program). **Prevention and Education**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Long-Term Resiliency, Recovery and Support**

22. Please choose the length of time of this program's duration: **5+ years**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **To diversify the options for the youth**

What outcomes or impact does the program aim to achieve? **To improve decision making and support healthy choices**

What is the anticipated number of unduplicated clients this program will reach annually? **No anticipated number**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**

2. For which eligible subdivision (county or municipality) are you reporting? **Hoboken City**

3. What is your subdivision's State ID? **NJ94**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Berlyne Vilcant**

Name of Administering Agency: **City of Hoboken**

Business Address: **94 Washington Street**

City/Town: **Hoboken**

Lead Contact Phone Number: **201-420-2000 ext. 5212**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**

6. What amount of your opioid abatement funds did you transfer to the county?

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$59,666.34**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$0.00**

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **$0.00**

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**

13. Please describe your public engagement/input efforts?

14. Does your county/subdivision have a strategic plan? **No**

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **NEEDS ASSESSMENT, FOCUS GROUPS, GAP ANALYSIS**

2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**

2. For which eligible subdivision (county or municipality) are you reporting? **Jersey City**

3. What is your subdivision's State ID? **NJ104**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Stacey Lea Flanagan**

Name of Administering Agency: **Department of Health & Human Services**

Business Address: **One Jackson Square, MLK City Hall Annex, 3rd Floor**

City/Town: **Jersey City**

Lead Contact Phone Number: **201-547-6560**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**

6. What amount of your opioid abatement funds did you transfer to the county?

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$424,752.00**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23).
$23,200.00

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses?
$23,200.00

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
We are executing three different program Models; B. Support People in Treatment & Recovery, C. Connections to Care & G. Prevention of Misuse of Opioids

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**

13. Please describe your public engagement/input efforts?

14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?
We plan to address the issue based on some key outcomes of our 2022 CHNA, County Health Rankings Data, and overall information from our local JCPD

Program 1

19. Program name/title: **B. Support People in Treatment & Recovery**

Agency/funding recipient name: **TBD**

Primary problem being addressed by this program: **Intervention / Outpatient support**

Brief program description: **RFP for at least five local BBOs working in Treatment & Recovery to expand outreach/hours of service**

Program target population: **Current support to wrap around services in Jersey City, primarily Wards A & F**

Date this program was funded (please use M/D/Y): **12/15/23**

Amount of funding for this program: **$200,000.00**

Program launch date: **1/1/24**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Numbers Served, Expanded Treatment Offered, Lives Saved**

Please state this program's statement of impact: **Increasing capacity of local capacity for counseling, peer support, and/or recovery case management**

How do you plan to measure or track success and impact of this program? **Quarterly Reports, and Program Completion Survey**

20. Primary Category (Please select the category that fits the primary focus of this program). **Recovery and Support**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Overdose Prevention, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **Bi-Annual**

24. Rationale for Program

What is the reason for this program spending choice? **Community Organizations most hurt by COVID need more funding to sustain long term results as Medicaid is not covering a lot of these expenses.**

What outcomes or impact does the program aim to achieve? **Increased capacity of local agencies, reduction of overdoses, increased number of individuals in recovery**

What is the anticipated number of unduplicated clients this program will reach annually? **1500**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Youth Prevention**

Agency/funding recipient name: **Dept of Recreation & Youth Development**

Primary problem being addressed by this program: **Prevention of Misuse**

Brief program description: **Youth -related RFP for Fall Programming**

Program target population: **Youth in Wards A&F**

Date this program was funded (please use M/D/Y): **TBD: 9/30/2023**

Amount of funding for this program: **$100,000.00**

Program launch date: **Sept 8th**

If program has started, how many clients have been seen as of 6/30/2023: **0**

What key performance indicators are you tracking to ensure success of the program? **Engagement with local CBOs serving youth to enhance programming with proper drug prevention tools**

Please state this program's statement of impact: **Citywide effort to ensure youth programs have training and tools to lead in the prevention of drug use and misuse.**

How do you plan to measure or track success and impact of this program? **Survey/Reporting of Youth Served & Agencies impacted**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Harm Reduction, Prevention and Education**

22. Please choose the length of time of this program's duration: **Less than 1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **One time only**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Youth agencies impacted by COVID have had difficulty with capacity building to address mental health issues currently ongoing in the community**

What outcomes or impact does the program aim to achieve? **Increased capacity, strengthening Youth agency's approach to prevention**

What is the anticipated number of unduplicated clients this program will reach annually? **3000**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**

2. For which eligible subdivision (county or municipality) are you reporting? **Kearny Town**

3. What is your subdivision's State ID? **NJ105**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Stephen Daniel Marks**

Name of Administering Agency: **Town of Kearny**

Business Address: **402 Kearny Ave.**

City/Town: **Kearny**

Lead Contact Phone Number: **(201) 246-1418**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**

6. What amount of your opioid abatement funds did you transfer to the county?

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$54,319.00**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$0.00**

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **$0.00**

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
The Town of Kearny has partnered with the Kearny Board of Education to provide public information, public education and outreach about the ills of opioid abuse. Programming is scheduled for October 4, 2023. The Town of Kearny has also partnered with the Inter County Council for Drug and Alcohol Abuse (ICCDAA) to provide resources for residents.

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **Yes**

13. Please describe your public engagement/input efforts?
The Town of Kearny reached out to stakeholders to solicit ideas on how to best utilize the funds.

14. Does your county/subdivision have a strategic plan? **No**

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?
The Town of Kearny engaged the feedback and recommendations of the Municipal Alliance, the Partners for Prevention, the Kearny Health Department, the Kearny Police Department and the Kearny Board of Education on how best to utilize the funding.

Program 1

19. Program name/title: **Partnership with the Kearny Public Schools/Board of Education**

Agency/funding recipient name: **Town of Kearny**

Primary problem being addressed by this program: **Public Information, Public Education and Public Outreach**

Brief program description: **Kearny Public Schools and Board of Education will conduct school assemblies and evening meetings open to the general public to discuss the abuse of opioids.**

Program target population: **School age children and their families**

Date this program was funded (please use M/D/Y): **June 28, 2023**

Amount of funding for this program: **$20,396.02**

Program launch date: **October 4, 2023**

If program has started, how many clients have been seen as of 6/30/2023: **Funding is encumbered, however, program has not started.**

What key performance indicators are you tracking to ensure success of the program? **Number of participants reached**

Please state this program's statement of impact: **The program will provide public information, public education and public outreach to teach about the ills of opioid abuse.**

How do you plan to measure or track success and impact of this program? **Number of participants reached.**

20. Primary Category (Please select the category that fits the primary focus of this program).
Prevention and Education

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Long-Term Resiliency**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **Partnership with Kearny Public Schools**

What outcomes or impact does the program aim to achieve? **Educate students, parents and families about risk reduction**

What is the anticipated number of unduplicated clients this program will reach annually? **3000**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **Yes**

Program 2

19. Program name/title: **Partnership with the Inter County Council for Drug and Alcohol Abuse (ICCDAA)**

Agency/funding recipient name: **Town of Kearny**

Primary problem being addressed by this program: **Treatment**

Brief program description: **Treatment programming for residents**

Program target population: **Residents suffering from the ills of opioid abuse.**

Date this program was funded (please use M/D/Y): **July 11, 2023**

Amount of funding for this program: **$24,000.00**

Program launch date: **July 11, 2023**

If program has started, how many clients have been seen as of 6/30/2023: **TBD**

What key performance indicators are you tracking to ensure success of the program? **Number of residents/clients seen, counseled and treated.**

Please state this program's statement of impact: **The program will provide resources to residents suffering from the ills of opioid abuse.**

How do you plan to measure or track success and impact of this program? **Number of residents/clients seen/treated.**

20. Primary Category (Please select the category that fits the primary focus of this program). **Treatment**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Recovery and Support**

22. Please choose the length of time of this program's duration: **1 year**

Other (please specify):

23. How often are you disbursing funds to this program? **Annually**

Other (please specify):

24. Rationale for Program

What is the reason for this program spending choice? **The ICCDAA is a state licensed and nationally certified treatment program.**

What outcomes or impact does the program aim to achieve? **Treating residents and clients suffering from abuse disorder.**

What is the anticipated number of unduplicated clients this program will reach annually? **Less than 100.**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**

2. For which eligible subdivision (county or municipality) are you reporting? **North Bergen Township**

3. What is your subdivision's State ID? **NJ158**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Robert Pittfield**

Name of Administering Agency: **Township of North Bergen**

Business Address: **4233 Kennedy Boulevard**

City/Town: **North Bergen**

Lead Contact Phone Number: **201-330-2629**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**

6. What amount of your opioid abatement funds did you transfer to the county?

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$46,699.10**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$0.00**

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **$0.00**

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **Education and public outreach**

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**

13. Please describe your public engagement/input efforts?

14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No, but we plan to in the future.**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Other plan**

2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**

2. For which eligible subdivision (county or municipality) are you reporting? **Secaucus Town**

3. What is your subdivision's State ID? **NJ209**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Gary Jeffas**

Name of Administering Agency: **Town of Secaucus**

Business Address: **1203 Paterson Plank Road**

City/Town: **Secaucus**

Lead Contact Phone Number: **201-330-2007**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**

6. What amount of your opioid abatement funds did you transfer to the county?

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$20,635.13**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$0.00**

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **$0.00**

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.
Will be working with the County of Hudson in the future for coordination of Fund use

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**

13. Please describe your public engagement/input efforts?

14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future.**

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Plan to work with the County of Hudson, serving as proxy over the funds?**

2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**

2. For which eligible subdivision (county or municipality) are you reporting? **Union City**

3. What is your subdivision's State ID? **NJ229**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Brian P Stack**

Name of Administering Agency: **City of Union City**

Business Address: **3715 Palisade Avenue**

City/Town: **Union City**

Lead Contact Phone Number: **201-348-5755**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**

6. What amount of your opioid abatement funds did you transfer to the county?

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$346,324.42**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$0.00**

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **$0.00**

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **The City of Union City's goal is to provide prevention programs and community awareness.**

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future.**

13. Please describe your public engagement/input efforts?

14. Does your county/subdivision have a strategic plan? **No**

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)?
The city plans to provide programs for anyone that lives in the city and needs help.

Program 1

19. Program name/title: **The city has not begun any programs yet**

Agency/funding recipient name: **TBD**

Primary problem being addressed by this program: **Drug addiction and overdoses**

Brief program description: **TBD**

Program target population: **Whole city**

Date this program was funded (please use M/D/Y): **TBD**

Amount of funding for this program: **TBD**

Program launch date: **TBD**

If program has started, how many clients have been seen as of 6/30/2023: **N/A**

What key performance indicators are you tracking to ensure success of the program? **TBD**

Please state this program's statement of impact: **TBD**

How do you plan to measure or track success and impact of this program? **TBD**

20. Primary Category (Please select the category that fits the primary focus of this program). **Prevention and Education**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above). **Overdose Prevention, Recovery and Support, Treatment**

22. Please choose the length of time of this program's duration: **2-3 years**

Other (please specify):

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **TBD**

24. Rationale for Program

What is the reason for this program spending choice? **TBD**

What outcomes or impact does the program aim to achieve? **TBD**

What is the anticipated number of unduplicated clients this program will reach annually? **TBD**

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**

2023 Opioid Abatement Report

1. In what county are you located? **Hudson**

2. For which eligible subdivision (county or municipality) are you reporting? **Weehawken Township**

3. What is your subdivision's State ID? **NJ248**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Giovanni Ahmad, Township Manager.**

Name of Administering Agency: **Township of Weehawken**

Business Address: **400 Park Avenue**

City/Town: **Weehawken**

Lead Contact Phone Number: **201-319-6005**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds**

6. What amount of your opioid abatement funds did you transfer to the county?

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$11,876.30**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$ 0.00**

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **$ 0.00**

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions. **To provide services promoting the prevention of drug use disorders among Township youth, to further implement harm reduction practices through the purchase of overdose prevention drugs, and to provide education and training to our police officers/EMS/social workers.**

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No, but plan to in the future**

13. Please describe your public engagement/input efforts?

14. Does your county/subdivision have a strategic plan? **No, but plan to develop one in the future**

15. Can we post your strategic plan online? **Not yet. Please, we are still fine-tuning it.**

16. Have you completed a risk assessment profile for demographic or geographic impact? **Not as of yet**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **Funding a program that will assist our community in recognizing and intervening with residents suffering from opioid use disorder, as we need additional resources to be proactive with this demographic of our Township. Our social workers, EMS, and law enforcement officers will be further trained in sensitivity and harm reduction practices to let those suffering from this disease retain their dignity while also providing the resources that will assist those who choose to partake in programs to overcome their addiction, with medical assistance if necessary. Ensure our social workers, EMS, and law enforcement are fully trained in administering overdose-prevention drugs.**

2023 Opioid Abatement Report

1. In what county are you located? **Hudson County**

2. For which eligible subdivision (county or municipality) are you reporting? **West New York Town**

3. What is your subdivision's State ID? **NJ252**

4. As an eligible subdivision (county or municipality) receiving opioid abatement funds, please tell us the following:

Full name of individual in your subdivision authorized to report on the settlement funds your subdivision received ("administrator " managing/overseeing these funds): **Jonathan DeJoseph CFO**

Name of Administering Agency: **Town of West New York**

Business Address: **428 60th street**

City/Town: **West New York**

Lead Contact Phone Number: **201-295-4551**

5. As an eligible subdivision receiving abatement funds, which of the following applies to your current status regarding those funds? **We are a municipality and did not transfer our funds.**

6. What amount of your opioid abatement funds did you transfer to the county?

7. Please tell us the full amount of opioid abatement funds you received as of 6/30/23. **$245,620.93**

8. Please tell us the amount of opioid abatement funds you have expended (as of 6/30/23). **$3,784.75**

9. Of the total opioid abatement funds, what amount was spent on program administrative expenses? **$0.00**

10. Please share brief information on your subdivision's overarching goals and priorities to provide context for this program year's spending decisions.

11. (This question is for counties only) Have you established an Advisory Committee to inform allocation of funds?

12. Did your subdivision engage the public (e.g., town hall meeting, online survey, convened stakeholders) prior to deciding how to use the opioid abatement funds you received? **No**

13. Please describe your public engagement/input efforts?

14. Does your county/subdivision have a strategic plan? **No**

15. Can we post your strategic plan online?

16. Have you completed a risk assessment profile for demographic or geographic impact? **No**

17. Can we post your risk assessment online?

18. Please tell us your overall rationale for prioritizing the use of the opioid abatement funds that you received (e.g., are you using a needs assessment, a strategic or other plan, or an epidemiological analysis)? **TBD**

Program 1

19. Program name/title: **Narcan**

Agency/funding recipient name: **Police and EMS**

Primary problem being addressed by this program: **Administer Narcan**

Brief program description: **Purchase of Narcan for Police and EMS.**

Program target population:

Date this program was funded (please use M/D/Y): **1/25/2023 PO 36901 $1,425 EMS and 2/15/2023 PO 36989 1,179.00 Police, 6/8/2023 PO 38334 $1,180.75 Police total spent $3,784.75**

Amount of funding for this program: **$3,784.75**

Program launch date:

If program has started, how many clients have been seen as of 6/30/2023:

What key performance indicators are you tracking to ensure success of the program?

Please state this program's statement of impact:

How do you plan to measure or track success and impact of this program?

20. Primary Category (Please select the category that fits the primary focus of this program). **Overdose Prevention**

21. The following are other categories that may apply (include all categories with the exception of the Primary category you chose above).

22. Please choose the length of time of this program's duration: **Other (please specify)**

Other (please specify): **TBD**

23. How often are you disbursing funds to this program? **Other (please specify)**

Other (please specify): **TBD**

24. Rationale for Program

What is the reason for this program spending choice?

What outcomes or impact does the program aim to achieve?

What is the anticipated number of unduplicated clients this program will reach annually?

25. Do you have other programs you are funding and/or operating with opioid abatement funds? **No**